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MORGAN, LEWIS & BOCKIUS :

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EXAMINER AND GROUP ART UNIT DATE MAILED

APPLICATION NO.		FILING DATE	TOTAL CLAIMS	EXA	EXAMINER AND GROUP ART UNIT		
	08/878,177	06/18/97	009	CARLSON,	κ	1653	04/12/01
First Named Applicant	IWAMOTO,		35 L	JSC 154(b)	term ext. =	0 Day	5.

TITLE OF INVENTION CELL CALCIFICATION SUPRESSING PROTEINS, AND GENES OF THE PROTEINS

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Mumber are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) ettached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) ettached. "Fee Address" indication (or "Fee Address" indication from PTO/SB/47) attached. Salignment (and the content of the patient) of the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filting an assignment (a) some provisority submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filting an assignment as been an assignment as been an assignment as been provisority submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filting an assignment as been appropriate assignment (a) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OR COUNTRY) Please check the appropriate assignment content privately submitted under separate cover. Completion of this form is NOT a substitute for filting an assignment as been an assignment as been appropriate assignment (b) filting an assignment assignment (content of the private provisority submitted under separate cover. Completion of this form is NOT a substitute for filting an assignment assignment as been appropriate assignment (b) filting an assignment assignment (content of the private group entity government DEPOSIT ACCOUNT NUMBER 50 – 0310 DEPOSIT ACCOUNT NUMBER	ATTY'S DOCKET NO.	CLASS-SUBCLASS BATCH NO.		APPLN. TYPE		SMALL ENTITY	FEE DUE	DATE DUE	
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(Authorized Signature) JOHN G. SMITH (RG# 33,818) NOTE; The lesue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS	PLEASE NOTE: Unless an assigne inclusion of assignee data is only a the PTO or is/being aubmitted under filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assigning individual corporation of	e is identified below, no assign ppropiate when an assignment or separate cover. Completion OR COUNTRY) nee category indicated below (or other private group entity	of Patents and Trademarks): State Season Season						
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